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I hereby revoke under 37 CFR 3		attomey given in the ap	ollication identified in the	attached statement
OR	rs associated with the Custor	iidi i valiibat.	643 to be named, then a custome	r number must be used):
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any and all patent	gent(s) to represent the unde applications assigned <u>only</u> to m in accordance with 37 CFF	the undersigned according to	es Patent and Trademark Offi the USPTO assignment recor	ce (USPTO) in connection with rds or assignment documents
5.71	correspondence address for ess associated with Customer		o attached statement under 3 5643	7 CFR 3.73(b) to:
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Assignee Name a	nd Address:			•
1	,	Arena Pharmaceuti 6166 Nancy Ridg San Diego, Californ	e Drive	
application in wa	hich this form is used. Ti	he statement under 37 CFI practitioner is authorized t	R 3.73(b) may be complete	t) is required to be filed in each ad by one of the practitioners signee, and must identify the
	The individual whose signals	SIGNATURE of Assigned	e of Record is authorized to act on behalf	of the assignee
Signature	F-5\ 3// -	A JA		ober 10, 2006
	~ nmd -	10 Mary 11 1	1 000	
Name	David L. Bradfu	te //	Telephone:	(858) 453-7200

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case, Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademerk Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.